

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-575284

FILING DATE

11-1-84

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		1				
7	1	0				
8	1	0				
9	1					
10		1				
11		1				
12		2				
13		0				
14		0				
15	1					
16		1				
17		2				
18		7				
19		0				
20		1				
21		1				
22		1				
23		1				
24		1				
25		0				
26		0				
27		0				
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						